



## **Frequently Asked Questions (FAQs): *Back to Bedside* Council of Review Committee Residents (CRCR) ACGME**

### **What is the goal of this initiative?**

The purpose of *Back to Bedside* is to support the development of innovative ideas, clinical practices, or policies that will improve physician well-being and foster a sense of meaning in work while increasing the time physicians have to spend in the care of their patients. The means by which each project does this is deliberately left up to the team. We believe that by encouraging residents and fellows to look at their own environment and find innovative ways to improve their own derivation of meaning, we can affect lasting change in the delivery of quality patient care.

### **Who can apply?**

Any resident or fellow with an innovative idea and institutional and/or program support can apply. The resident or fellow must be in an ACGME-accredited program as of January 1, 2018. CRCR members are not eligible to apply, though other residents in their programs or institutions may apply.

### **What if I apply for *Back to Bedside* and then graduate in June 2018?**

Involvement in the project does not need to stop when the resident or fellow is no longer in training, as long as he or she continues his or her affiliation with the program or institution where the project is being implemented, and the program or institution is willing to continue to support his or her active role.

### **What if my project idea isn't for an inpatient setting?**

Patient care occurs in many different settings. *Back to Bedside* proposals need not be inpatient in nature. The goal of *Back to Bedside* is to return trainees, and all physicians, to the most important work – engaging in meaningful patient care. Applicants have the flexibility to implement this idea in whatever innovative way(s) they see fitting for their particular clinical setting(s).

### **Is this about reducing computer/documentation work?**

No. Though reducing computer and clerical work is one change that may allow physicians more freedom to return to their patients' bedside, awarded *Back to Bedside* funds are not intended to be used to hire scribes. We expect that applicants and their institutions will modify clinical practices in innovative ways to return trainee physicians to more active care of their patients.

### **How will information be disseminated beyond the awardees?**

Awardees will collaborate as part of a *Back to Bedside* learning community. This will occur via in-person meetings, as well as through synchronous and asynchronous online collaborative tools. The goal is to

share best practices as the various awardees and institutions progress through their innovation projects together. Throughout each project's development, there will be opportunities to share experiences with the wider GME community through avenues including, but not limited to, the *Journal of Graduate Medical Education*, panels or sessions at the ACGME Annual Educational Conference, and presentations at the ACGME Annual Symposium on Physician Well-being.

**Will applicants who do not receive an award have an opportunity to engage with the initiative in other ways?**

Absolutely! The experience that a trainee gains in completing the *Back to Bedside* application is a first step towards planning and implementing a project. Even if a particular proposal is not selected to receive ACGME funding, we encourage applicants and institutions to implement their ideas. Experiences from these non-awardee projects could certainly also be shared via avenues listed above. We welcome other ideas for engagement as we move forward.

**What is the make-up of a *Back to Bedside* 'team,' and are there essential roles that must be filled (e.g., resident, mentor, administrator, etc.)?**

The team *must include* at least one trainee leader and one staff or faculty mentor. There are no other specific roles that must be filled. Nor is there a limit to other members of the team with respect to number, qualifications, or roles. However, for logistical considerations, no more than five team members – including at least one trainee and one staff/faculty mentor – should plan to attend any of the *Back to Bedside* collaborative events. As with other aspects of the *Back to Bedside* initiative, we have left these details to the individual projects, as the applications are the best place for project proposals to define their individual needs.

- Other team members to consider: a patient or public member; an administrative member; a technology expert; an evaluation expert; or a project management expert.

**What is the role of the mentor?**

The role of the mentor is to guide and support each team as it moves forward with planning and implementing its *Back to Bedside* project. As stated in the application, it is expected that awardee institutions will provide support to trainees as they implement these initiatives. It is expected that mentors would assist in planning/development, encouraging trainee members throughout the implementation process, securing institutional support, and in any number of other ways, as necessary.

**When will awarded grant money be distributed?**

The expected project start date is January 1, 2018.

**Who will select the awardees?**

Each submission will be reviewed based on the merits of the proposal in a blinded fashion using a standardized evaluation sheet, by two separate individuals. This evaluation will then be considered, along with the project in its entirety, by the evaluation committee. This evaluation committee, made up of members of the CRCC, the Council of Public Members, and ACGME Board of Directors, will select up to five awardees from all applicants. Awardees will be announced on or about October 1, 2017.

**The RFP discusses a survey tool that the ACGME will provide – can we use other tools to evaluate the projects we are implementing?**

Of course! The ACGME-provided survey tool will evaluate just one dimension of the project as it relates to the trainee's experience. It is not intended that it be the sole evaluation tool for use during the projects. The purpose of providing this tool is to have a standard evaluation for that component of the project among all of the awardees. Each project team should develop its own additional metrics for measuring team success based on the individual project's goals and implementation objectives. We suggest considering, for example, how patient and other care team members' satisfaction could be evaluated. There are many other ways your team may want to evaluate the project, and we encourage you to look for any relevant measures as appropriate to the individual project.

**How much direct funding is the institution or organization expected to provide?**

The contribution amount will vary by institution and proposal. The home organization is specifically asked to fund the members of the *Back to Bedside* team (up to five members) for travel, lodging, and incidental expenses related to two, one-day collaborative events in Chicago – one in late October 2017 prior to initiation of the project, and another in August 2018, approximately midway through the project implementation. The home organization is also asked to fund the team (up to five members) for travel and lodging costs to present their work at the 2019 ACGME Annual Educational Conference in Orlando, Florida in March 2019 at the conclusion of the first year of the project. Further costs, including indirect costs related to administrative support, clinical implementation of the project, and those occurring beyond the ACGME grant-funded time period, may occur, and will vary based on the scope of the project.

**Who should write the institutional leadership support letters?**

The individual best suited to write the institutional leadership support letter will vary based on home institution. The writer may be a program director or the designated institutional official, but may be written by another individual as the applicant sees fit. It is expected that this letter be written by an individual with direct oversight of and with relative control over daily trainee activities, scheduling, and funding. Ideally, this individual would also be relatively well connected to other home institutional entities that might provide support for the project, including, but not limited to, directors of clinical operations, organizational leadership (CEOs, CFOs), and other individuals with administrative oversight responsibilities.

**May we request an extension for our project past the August 5 deadline?**

The committee will only consider requests for extensions that are emailed to [backtobedside@acgme.org](mailto:backtobedside@acgme.org) and received no later than midnight on August 5, 2017. No extensions will be granted beyond August 15, 2017.